

www.mass.gov/abcc

LICENSE NUMBER: 054800001		CITY OR TOWN HUDSON	N
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BACK BAY RE DOING BUSINESS A ADDRESS 091-93 APSLEY ST.	ST INC OF HUDSON		
CITY/TOWN: HUDSON	STATE: MA	ZIP CODE: 01749	
MANAGER: DAVIS, GEORGE T A.			: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM FULL RESTAURANT FACILITY, CO KITCHEN, DINING ROOM WITH B AND WOMEN, CELLAR USED FOR	ONTAINING APPROXI AR: 2 ENTRANCES, H		
 the renewed license will be the licensee has complied w the premises are now open f 	rith all laws of the Comm	nonwealth relating to taxes; and	d
SIGNED BY Individual, Parti	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for tl	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054800002		CIT	Y OR TOWN	HUDSON	
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	HUDSON SUPER	R BUFFETT M	A, INC			
DOING BUSINESS	A HUDSON SUPE	ER BUFFET				
ADDRESS 167 BRO	OAD ST.					
CITY/TOWN: HUI	OSON	STATE:	MA Z	ZIP CODE:	01749	
MANAGER: XIAO	O, JI REN TY	PE OF LICEN	SE:Restaura	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER	YOUR EMAIL AI	DDRESS		-
DESCRIPTION OF						
TWO FLOORS, MA BASEMENT FLOOR				WITH BAR A	ND KITCHE	N,
I hereby certify and swear under penalties of perjury that:						
1. the renew	red license will be or	f the same type	for the same	premises now	licensed;	
2. the license	2. the licensee has complied with all laws of the Commonwealth relating to taxes; and					
3. the premi	ses are now open fo	r business (If no	ot explain be	elow)		
SIGNED BY	India: deal Dante		l Camanata (OCC		
	Individual, Partne	er or Authorized	. Corporate C	Jincer		
DATE:						TOW I WIN (DED
DATE.	TELEPHO	NE NUMBER:		(Note: NOT Inc		ION NUMBER:
				(******* <u>******</u> IIIC	arridual Boelai B	cearity (validet)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	nspector and th	ne head of th	he fire departi	ment for the	above
Please Check Below:			LC	CAL LICENS	SING AUTHO	ORITY
APPROVED:			Ву	:		
DISAPPROVED:	- :)					
(If disapproved expla	din)					
DATE:						
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 054800003		CITY OR TO	WN HUDSON	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	THE OLD SCHOO	L HOUSE INC.			
DOING BUSINESS	A OLD SCHOOL H	OUSE PUB AND	RESTAURANT		
ADDRESS 17 SCHO	OL STREET				
CITY/TOWN: HUD	SON	STATE: MA	ZIP CODE	E: 01749	
MANAGER: SANT MAN	TOS, TYP UEL R.	E OF LICENSE:R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	ES:			
TWO ROOMS. FIRS	T FLOOR KITCHE	N AND STORERO	OOM		
2. the license	ed license will be of the has complied with the es are now open for the has complete with the same of the has complete with the has	all laws of the Con	nmonwealth relati		
SIGNED BY	Individual, Partner	or Authorized Cor	oorate Officer		
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICA $f T$ Individual Social	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and the he	ad of the fire dep	partment for th	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054	800009		CITY OR TOWN	HUDSON	
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: RE	STAURANT ATLA	NTA INC.			
DOING BUSINESS A Y	OURS & MINE II				
ADDRESS 174 MAIN ST	C176				
CITY/TOWN: HUDSON	N S	STATE: MA	ZIP CODE:	01749	
MANAGER: ALVING,	RONALD TYPE O	F LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE CONSISTING OF TWO II I hereby certify and swear 1. the renewed lice 2. the licensee has 3. the premises ar SIGNED BY	ROOMS, ONE FLO	OR AND CELL erjury that: ame type for the aws of the Commess (If not expla	AR same premises now nonwealth relating to the time below)		
DATE:	TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
We the undersigned, att Acts of 2004, signed by the named license and (2) the of 2010.	the building inspect	or and the head	l of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054800011		CI	TY OR TOWN	N HUDSON	
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS PALMIE	A	N W.MANNIN	IG POST I	BUILD.ASSOC	C.INC	
CITY/TOWN: HUI	DSON	STATE:	MA	ZIP CODE:	01749	
MANAGER: JENE E.	KINS, DANIEL TY	PE OF LICEN	SE:Vetera	ns club (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF	LICENSED PREM	ISES:				
2. the licens	red license will be of see has complied wit ses are now open fo Individual, Partne	h all laws of the r business (If no	e Common ot explain l	wealth relating		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
We the undersigne Acts of 2004, signe named license and of 2010.	d by the building ir	spector and th	ne head of	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)			OCAL LICEN	ISING AUTHO	ORITY
DATE:			-			



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LICENSE NUM	MBER: 054800012		CITY OR TOWN	HUDSON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		,	YEAR
LICENSEE NA DOING BUSIN ADDRESS 91		DGE #959 B.P.O.E.			
CITY/TOWN:		STATE: MA	ZIP CODE:	01749	
		TYPE OF LICENSE: Clu		ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
ONE STORY I PLUS OPEN B I hereby certify	N OF LICENSED PRE BLDG EIGHT ROOM BUILDING 50 X 100 and swear under pena	S; HALL, FIVE ROOMS	, KITCHEN AND		REA,
		with all laws of the Comn	=		
	•	for business (If not explain	•	o tanos, and	
SIGNED BY	Individual, Par	rtner or Authorized Corpo	rate Officer		
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATI	
Acts of 2004,	signed by the building	e are in possession (1) the g inspector and the head te of liquor liability insu	of the fire depart	ment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	4.G.L. Ch. 138 \$ 16	(A)



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LICENSE NUM	MBER: 054800013		CITY OR TOWN	HUDSON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: HUDSON AER	IE #643 F.O.E.		
DOING BUSIN	NESS A			
ADDRESS 271	COX ST.			
CITY/TOWN:	HUDSON	STATE: MA	ZIP CODE:	01749
MANAGER:	PELLETIER, T LEONARD F.	YPE OF LICENSE: Clu	ıb C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
		FLOOR BAR, FUNCT ON FIRST FLOOR. OU		
I hereby certify	and swear under penalt	ies of perjury that:		
1. the 1	renewed license will be	of the same type for the	same premises now	licensed;
2. the l	licensee has complied w	rith all laws of the Comm	nonwealth relating t	to taxes; and
3. the p	premises are now open f	for business (If not expla	ain below)	
SIGNED BY	Individual, Parti	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYEI	R IDENTIFICATION NUMBER:
	TEEL III	or E reciviber.	(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, s	signed by the building	inspector and the head	l of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
DAIE.				



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LICENSE NUMBER: 054800015	CIT	Y OR TOWN HUDSON			
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013		
	CLASS		YEAR		
LICENSEE NAME: CLUB PORTU DOING BUSINESS A ADDRESS 154 RIVER STREET	GUESE OF HUDSON INC.				
CITY/TOWN: HUDSON	STATE: MA	ZIP CODE: 01749			
	TYPE OF LICENSE: Restaura		All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMAIL A	DDRESS	_		
DESCRIPTION OF LICENSED PRE 1ST FLR; 2 LOUNGES APPROX 25 STORAGE AREAS, UTILITIES ROO SQ FT; 4 BATHROOMS, 2 KITCHE	000 SQ FT EACH, INDOOR S OMS AND BATHROOMS. 2 ENS. OUTSIDE PAVILION A	ND FLR FUNCTION HAL	L, 8000		
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)					
SIGNED BY Individual, Par	tner or Authorized Corporate (Officer			
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S			
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head of the	he fire department for the	above		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By	OCAL LICENSING AUTH	ORITY		
DATE:					



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LICENSE NUMBER: 054800017		CITY OR TOWN HUDSON	
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: IAN THOM	IAS CORP		
DOING BUSINESS A HORSESH	HOE PUB		
ADDRESS 29 SOUTH ST.			
CITY/TOWN: HUDSON	STATE: MA	ZIP CODE: 01749	
MANAGER: PIZZIMENTO, NICHOLAS	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED P			
1ST FLOOR 4310 SQFT WITH 5 OF EGRESS. 12X55 PATIO ON 1		O FLOOR 1920 SQFT WITH 3 MEANS OOR.	
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license wil	l be of the same type for the	same premises now licensed;	
2. the licensee has compli-	ed with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now of	pen for business (If not expla	ain below)	
SIGNED BY			
Individual,	Partner or Authorized Corpo	orate Officer	
			7
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the build	ling inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUN	MBER: 054800018		CITY OR TOWN	HUDSON
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSIN	ME: HUDSON AMVET NESS A OUTH STREET	S BUILDING ASSO	C. INC.	
CITY/TOWN:		STATE: MA	ZIP CODE:	01749
		E OF LICENSE: Club		TEGORY: All Alcohol
EMAIL ADDR				
LIVII IIL I IDDIK		BSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	ES:		
STRUCTURE,	EET, ENTRANCE SOUT CONSISTING OF A HAI E IN BASEMENT.			
I hereby certify	and swear under penalties	of perjury that:		
1. the r	renewed license will be of t	he same type for the s	same premises now l	licensed;
2. the 1	icensee has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the p	premises are now open for	business (If not explain	in below)	
SIGNED BY	Latitat De Assa	A 1 C	027	
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	pector and the head	of the fire departm	nent for the above
Please Check Belov	<u>w:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE	-			
(If disapproved	слріані)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LI	CENSEES DURING THE MO	NTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBEI	R: 054800020		CITY OR TOWN HUDSON	N
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	99 WEST, INC.			
DOING BUSINESS	A 99 RESTAURAL	NT		
ADDRESS 255 WA	SHINGTON ST.			
CITY/TOWN: HU	DSON	STATE: MA	ZIP CODE: 01749	
MANAGER: BAN	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE: Resi	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
	H KITCHEN,DINI		OR STORAGE AND FOOD P TROOMS,AN ENTRANCE I	
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	ee has complied with	h all laws of the Comm	nonwealth relating to taxes; and	d
3. the premi	ses are now open for	r business (If not expla	in below)	
SIGNED BY	Individual, Partne	r or Authorized Corpor	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	d Security Number)
Acts of 2004, signe	d by the building in	spector and the head	certificate required by Cha of the fire department for the rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: [
(If disapproved expl	ain)		-	
DATE:				
D.111.				



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LICENSE NUMBER: 05480002	2 C	CITY OR TOWN HUDSON	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: PIPKAR,	INC.		
DOING BUSINESS A HARVE	ST CAFÉ		
ADDRESS 038-40 WASHINGT	ON ST.		
CITY/TOWN: HUDSON	STATE: MA	ZIP CODE: 01749	
MANAGER: KAREN, FREKI M.	ER, TYPE OF LICENSE: Restar	urant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED			
CONSISTING OF TWO ROOM STORAGE	IS AND KITCHEN ON FIRST F	FLOOR, CELLAR USED FOR	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the sa	me premises now licensed;	
2. the licensee has comp	olied with all laws of the Common	nwealth relating to taxes; and	
3. the premises are now	open for business (If not explain	below)	
			_
SIGNED BY			
Individua	l, Partner or Authorized Corpora	te Officer	
D 4 777			
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the bu	ilding inspector and the head o	ertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NU	MBER: 054800023		CITY OR TOWN	HUDSON
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE N. DOING BUSI		GUN CLUB OF HUDSO	ON MA. INC.	
ADDRESS 16	WILKINS STREET			
CITY/TOWN:	HUDSON	STATE: MA	ZIP CODE:	01749
MANAGER:	BROPHY, MICHAEL J.	TYPE OF LICENSE:C	lub (CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
BASEMENT	OF CLUB HOUSE. O	TREET FLOOR AND E UTSID PAVILLION AN FENCE IN THE PICNIO	ND PICNIC AREA	CONSISTING OF 40
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	e same premises no	w licensed;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating	to taxes; and
3. the	premises are now ope	n for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: <u>NO1</u> I	ndividual Social Security Number)
Acts of 2004,	signed by the buildir	ng inspector and the hea	ad of the fire depar	red by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Bel			LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disapproved	a expiaiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 054800024		CITY OR TOWN HUDS	SON
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: NACC. INC.			
DOING BUSIN	NESS A BUSCEMI'S	CONVENIENCE STOR	E	
ADDRESS 275	5 COX STREET			
CITY/TOWN:	HUDSON	STATE: MA	ZIP CODE: 0174	9
MANAGER:	BUSCEMI, ANTHONY L.	TYPE OF LICENSE: Pac	ckage Store CATEGO	ORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
			RE, STORAG E ROOM, RE RONT OF THE STO RE AN	
I hereby certify	and swear under pena	alties of perjury that:		
		1 0 0	same premises now license	d;
2. the 1	licensee has complied	with all laws of the Com	monwealth relating to taxes;	and
3. the 1	premises are now open	n for business (If not expl	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
Please Check Belo	w.		LOCAL LICENSING A	UTHODITY
APPROVED:			By:	UTHORITI
DISAPPROVE	ED:		Dy.	
(If disapproved	l explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 054800025		CITY OR TOWN	HUDSON	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM DOING BUSINI ADDRESS 66 B		T'S LIQUOR,INC.			
CITY/TOWN:		STATE: MA	ZIP CODE:	01749	
MANAGER: I	DAIGNEAULT, ALBERT J	TYPE OF LICENSE:P			All Alcohol
EMAIL ADDRE	ESS:				
TWO ROOMS Of I hereby certify a 1. the re 2. the lie	OF LICENSED PR ON STREET FLOO and swear under pen enewed license will be censee has complied	EMISES: R AND STORAGE IN Falties of perjury that: Dee of the same type for the with all laws of the Conn for business (If not expense).	REAR AND CELLAR ne same premises now namonwealth relating to	licensed;	
SIGNED BY	Individual, Pa	nrtner or Authorized Corp	porate Officer		
DATE:	TELEP:	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below APPROVED: [DISAPPROVED: (If disapproved 6	D:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 054800026		CITY OR TOWN	HUDSON	
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR		013
		CLASS	}		YEAR
	S A CENTRAL	t, Inc STREET MARKET			
ADDRESS 15 CEN			TID CODE	01740	
CITY/TOWN: HU	JDSON	STATE: 1	MA ZIP CODE:	01749	
MANAGER: Frei	itas, Monica F	TYPE OF LICENSI	E:Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PR	EMISES:			
TWO ROOMS AN	D LARGE BASE	EMENT FOR STORA	AGE. TWO ENTRANCE	S AND ONE	E EXIT.
I hereby certify and	l swear under pen	alties of perjury that:			
1. the rene	wed license will b	be of the same type for	or the same premises now	licensed;	
2. the licen	see has complied	with all laws of the C	Commonwealth relating to	taxes; and	
3. the prem	nises are now ope	n for business (If not	explain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized (Corporate Officer		
DATE:	TELEP:	HONE NUMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Diago Chaolt Dolova			Y O G LY Y Y GDYYG		OD MANY
Please Check Below: APPROVED:	7		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:]		By:		
(If disapproved exp	lain)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 054800027		CITY OR TOWN HUDSO	IN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: CHRISTOPH NESS A TEDESHCI			
ADDRESS 28	COX ST			
CITY/TOWN:	HUDSON	STATE: MA	ZIP CODE: 01749	
MANAGER:	PENDLETON, CHRISTOPHER T.	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
28 COX ST. C	NE FLOOR DIVIDE	D BACK ROOM WITH	WALK IN COOLER	
2. the	licensee has complied premises are now ope	l with all laws of the Cor on for business (If not exp		nd
	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	054800028		CITY OR TOW	N HUDSUN	
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2013	
		CLASS		YE	AR
LICENSEE NAME:	BACON SPIRIT'S CC),INC.			
DOING BUSINESS A	A				
ADDRESS 234 WAS	HINGTON STREET				
CITY/TOWN: HUD	SON	STATE: MA	ZIP CODE:	01749	
MANAGER: BACC CHAI	ON, TYPE ORLES J.	OF LICENSE: Pac	ckage Store	CATEGORY: Al	ll Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	; :			
4,500 SF OF LIQUOI STORAGE. 2 EMER	10,250 SQ. FT. OF SP. R DISPLAY & SALES GENCY EXITS, THRE H WITH TWO STALI	AREA, 3,500 SF EE WALK IN CO	OF LIQUOR AN	ND REDEMPTION	1
I hereby certify and sv	vear under penalties of	perjury that:			
1. the renewe	d license will be of the	same type for the	same premises no	ow licensed;	
2. the license	e has complied with all	laws of the Comr	nonwealth relating	g to taxes; and	
3. the premis	es are now open for bus	siness (If not expla	ain below)		
_					
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOY	ER IDENTIFICATION	NUMBER:
			(Note: NOT	Individual Social Securi	ity Number)
Please Check Below:			LOCAL LICE	NSING AUTHORI	$ ext{TV}$
APPROVED:			By:	Nonvo rio riioni	
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 054800029		CITY OR TOWN	HUDSON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 439 MA	S A	GENERAL, INC			
CITY/TOWN: HU	DSON	STATE: MA	ZIP CODE:	01749	
MANAGER: MA	GGI, STEVEN T	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
TWO EXITS ON M	IAIN ST,ONE STO	ORY BLDG, STORAG	SE IN REAR OF SAL	ES, TWO RO	OOMS
I hereby certify and	•				
		of the same type for th	-		
	=	vith all laws of the Com	=	o taxes; and	
3. the prem	ises are now open	for business (If not exp	lain below)		
SIGNED BY			5.47		
	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ARITV
APPROVED:			By:	ING AUTIN	JKIT I
DISAPPROVED:			Dy.		
(If disapproved expl	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 054800030		CITY OR TOWN HUDSON	N
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: LAKE BOO	N GENERAL STORE IN	C.	
DOING BUSI	NESS A LAKE BO	ON GENERAL STORE		
ADDRESS 70	0 MAIN ST			
CITY/TOWN:	HUDSON	STATE: MA	ZIP CODE: 01749	
MANAGER:	PATEL, VINODKUMAR	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
2 ROOMS ON	SECOND FLOOR,	ONE ROOM IN BASEM	IENT,STORAGE	
1. the 2. the	renewed license will licensee has complie	* *	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	1
SIGNED BY	Individual, l	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 054800031		CITY OR TOWN HUDS	ON
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	PR 2013
	CLASS		YEAR
LICENSEE NAME: HUDSON WINE			
DOING BUSINESS A CHUBBY'S LIC	UORS		
ADDRESS 105- MAIN ST			
CITY/TOWN: HUDSON	STATE: MA	ZIP CODE: 01749)
MANAGER: YOUNG, BRIAN TY	PE OF LICENSE: Pac	kage Store CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
I hereby certify and swear under penaltie 1. the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY Individual, Partner	f the same type for the sch all laws of the Comm	nonwealth relating to taxes; and below)	
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Below:		LOCAL LICENSING AU	JTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	054800034		CITY OR TOWN	HUDSON	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME:	EASTBROOK CO	ORPORATION			
DOING BUSINESS A	A SPERRY'S LIQU	UORS			
ADDRESS 10 TECH	NOLOGY DRIVE				
CITY/TOWN: HUD	SON	STATE: MA	ZIP CODE:	01749	
MANAGER: SPER ANTH		PE OF LICENSE:P	ackage Store C.	ATEGORY: All	Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	ISES:			
1360 SQ FT, TWO E COOLER, ONE BAT			DOOR, ALSO RECE	IVING DOOR,	
2. the license	e has complied wit	• •	ne same premises now nmonwealth relating to plain below)		
SIGNED BY	Individual, Partne	er or Authorized Cor	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION N	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	SING AUTHORIT	Y
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 054800035		CITY OR TOW	N HUDSUN	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ZMID INC.				
DOING BUSINESS A	A APPLE COUNTR	RY MARKET			
ADDRESS 118 FORI	EST AVE.				
CITY/TOWN: HUD	SON	STATE: MA	ZIP CODE	01749	
MANAGER: DAAI L	BOUL,MICHE TYP	'E OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
CONSITING OF 450	0 SQ, FT. WITH FI	VE FRONT ENTRA	ANCES AND ON	E SIDE ENTRA	ANCE
	e has complied with es are now open for	business (If not exp	lain below)	ng to taxes; and	
	marviduai, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:	,				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 054800043		CIT	TY OR TOW	N HUDSON	
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
	MADELEINE MO					
ADDRESS 439 MA	IN ST					
CITY/TOWN: HU	DSON	STATE:	MA	ZIP CODE:	01749	
MANAGER:	TY	PE OF LICEN	SE:Restaura	ant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL A	ADDRESS		
	LICENSED PREMI					
	WO EXITS, ONE IN			ERS, ONE IN	BACK	
 the renew the licens 	swear under penalties yed license will be of see has complied with sees are now open for	the same type all laws of the	for the same	vealth relating		
SIGNED BY	Individual, Partner	or Authorized	. Corporate	Officer		
DATE:	TELEPHON	IE NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building in (2) the certificate of	spector and th	e head of t	the fire depai	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		L(B)		ISING AUTH	ORITY
DATE:			_			



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LICENSE NUMBER: 03	54800046		CITY	OR TOWN	HUDSON	
APPLICATION FOR R	ENEWAL:	Annua	.1	LICE	NSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: C	HECKERBOARI	OS PIZZA AN	O MORE, IN	IC .		
DOING BUSINESS A						
ADDRESS 10 TECHNO	OLOGY DR					
CITY/TOWN: HUDSO	ON	STATE:	MA Z	IP CODE:	01749	
MANAGER: MARTO JOSEPH		PE OF LICENS	E:Restaurar	t (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL AD	DRESS		
DESCRIPTION OF LIC	CENSED PREMIS	SES:				
APPROX. 3548 SQ. FT ACCESSIBLE.	. TWO ENTRAN	CES; TWO EX	XITS; FOUR	BTHRMS.	HANICAPPI	ED
I hereby certify and swea	ar under penalties	of perjury that	:			
1. the renewed	license will be of	the same type f	or the same	premises nov	w licensed;	
2. the licensee h	nas complied with	all laws of the	Commonwe	alth relating	to taxes; and	
3. the premises	are now open for	business (If no	t explain bel	ow)		
SIGNED BY						
Iı	ndividual, Partner	or Authorized	Corporate C	fficer		
DATE:	TELEPHON	E NUMBER:				ΓΙΟΝ NUMBER:
				(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	pector and th	e head of th	e fire depar	tment for the	above
Please Check Below:			LO	CAL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disapproved expiaili)						
			_			
DATE:						



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LICENSE NUMBER: 054800047	CITY	Y OR TOWN HUDSON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: APPLE NEW E	NGLAND	
DOING BUSINESS A APPLEBEE'S	NEIGHBORHOOD GRILL &	k BAR
ADDRESS 222 WASHINGTON ST		
CITY/TOWN: HUDSON	STATE: MA Z	ZIP CODE: 01749
MANAGER: LITTLE, THOMAS T	YPE OF LICENSE: Restauran	nt CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMAIL AD	DDRESS
DESCRIPTION OF LICENSED PREI 5000 SQ FT OF GROSS FLOOR SPA WITH BAR, SEATING 181 PEOPLE EMERGENCY, REAR EXIT AND EN RESTROOMS FOR MEN AND WOV	CE WITH A FULL SERVICE FRONT ENTRANCE FOR INTRY FOR DELIVERY ANI	PUBLIC, SIDE EXIT FOR DEMERGENCIES. HANDICAP
1. the renewed license will be 2. the licensee has complied w 3. the premises are now open	of the same type for the same with all laws of the Commonwe	ealth relating to taxes; and
SIGNED BY Individual, Part	ner or Authorized Corporate (Officer
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head of th	ificate required by Chapter 304 of the ne fire department for the above required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LO By	CAL LICENSING AUTHORITY :
DATE:	_	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 054800048		CITY	OR TOWN	HUDSON	
APPLICATION FO	OR RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME	E: SALVATORE	LANDO				
DOING BUSINES	S A T.C. LANDO	S SUB & PIZZEI	RIA			
ADDRESS 127 M.	AIN STREET					
CITY/TOWN: HI	UDSON	STATE:	MA ZII	P CODE:	01749	
	NDO, LVATORE	TYPE OF LICEN	SE:Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADDI	RESS		-
DESCRIPTION O	F LICENSED PRE	EMISES:				
THREE FRONT D PEOPLE, THERE STORE AREA AL	ARE TWO REST	ROOMS. STORE				
I hereby certify and	d swear under pena	lties of perjury tha	t:			
1. the rene	ewed license will b	e of the same type	for the same pr	remises now	licensed;	
2. the licer	nsee has complied	with all laws of the	Commonweal	lth relating t	o taxes; and	
3. the pren	mises are now oper	for business (If no	ot explain belo	w)		
SIGNED BY	Individual, Pa	rtner or Authorized	l Corporate Of	ficer		
DATE:						TOWNER OPER
DATE.	TELEPH	HONE NUMBER:	a			ION NUMBER: ecurity Number)
			(1	Note: NOT INC	ii viduai Sociai S	ceurity (vuilber)
We the undersign Acts of 2004, sign named license and of 2010.	ed by the buildin	g inspector and th	ne head of the	fire depart	ment for the	above
Please Check Below: APPROVED:	7		LOC By:	AL LICENS	SING AUTHO	ORITY
DISAPPROVED:			Dy.			
(If disapproved exp	olain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	054800049		CITY OR TOWN	HUDSON	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	V.E. CORP				
DOING BUSINESS A	SOFIA RISTORAN	NTE			
ADDRESS 158 MAIN	N STREET				
CITY/TOWN: HUD	SON	STATE: MA	ZIP CODE:	01749	
MANAGER: PARE	NTE, EMMA TYPE	E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEB ICENSED PREMISE		MAIL ADDRESS		
I hereby certify and sw	vear under penalties o	of perjury that:			
	d license will be of th		same premises now	licensed;	
2. the licensee	e has complied with a	all laws of the Comm	nonwealth relating to	taxes; and	
3. the premise	es are now open for b	usiness (If not expla	ain below)		
SIGNED BY					
	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: Security Number)
We the undersigned	attest that we are i	n naggaggian (1) the			•
Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	l of the fire departi	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved expiai	11 <i>)</i>				
DATE:					



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LICENSE NUN	MBER: 054800051		CITY OR TOWN	HUDSON
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: HUDSON GOL	F LLC		
DOING BUSIN	NESS A CHARTER OA	AK COUNTRY CLUB		
ADDRESS BR	ENT DRIVE			
CITY/TOWN:	HUDSON	STATE: MA	ZIP CODE:	01749
	DALEY, T FREDERICK M. III	YPE OF LICENSE: Clu	b CA	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
3500 S/F CLUI	BHOUSE; BANQUET	RM, RESTAURANT, L	OUNGE, 19TH HOL	E PUB AREA.
I hereby certify	and swear under penalt	ies of perjury that:		
1. the 1	renewed license will be	of the same type for the	same premises now li	censed;
2. the l	icensee has complied w	ith all laws of the Comn	nonwealth relating to	taxes; and
3. the 1	premises are now open	for business (If not expla	in below)	
SIGNED BY	Individual, Part	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, s	signed by the building	are in possession (1) the inspector and the head of liquor liability insur	of the fire departm	
Please Check Belo	w:		LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0548000	53	CITY OR TOWN HUDSON
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CHLOE DOING BUSINESS A CHLOR		
ADDRESS 023-27 MAIN ST		
CITY/TOWN: HUDSON	STATE: MA	ZIP CODE: 01749
MANAGER: LANDRY, MATHEW	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS
DESCRIPTION OF LICENSEI		
FREE STANDING BLDG, FIR BATHROOMS, LOUNGE AR		
SIGNED BY	v open for business (If not explanation) al, Partner or Authorized Corpo	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bu	uilding inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSED FOR 2013	
VEA	
YEA	R
ZIP CODE: 01749	
	e and t Regular
EMAIL ADDRESS	
1.63	a F
oms, 2 BATHROOMS, COLD STORA	GE,
e same premises now licensed;	
nmonwealth relating to taxes; and	
olain below)	
0.00	
oorate Officer	
EMDLOVED IDENTIFICATION N	LIMDED.
ad of the fire department for the abov	e
LOCAL LICENSING AUTHORIT	Y
By:	
	
	estaurant CATEGORY: Win Mal EMAIL ADDRESS DMS, 2 BATHROOMS, COLD STORAGE The same premises now licensed; Inmonwealth relating to taxes; and colain below) Doorate Officer EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security) The certificate required by Chapter 30- and of the fire department for the above surance required by Chapter 116 of the LOCAL LICENSING AUTHORIT



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 054800057		C	ITY OR 7	ΓΟWN	HUDSON	
APPLICATION FO	R RENEWAL:	Annu	ıal		LICENS	SED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME:	HUDSON ROAST	BEEF & WII	NG INC.				
DOING BUSINESS	A HUDSON ROAS	T BEEF & W	ING				
ADDRESS 246 MA	IN STREET						
CITY/TOWN: HU	DSON	STATE:	MA	ZIP CC	DDE:	01749	
	JROUSIS, TYP DRGE P.	E OF LICEN	SE:Restau	ırant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WE		YOUR EMAII	L ADDRESS			_
	LICENSED PREMIS						
LEVELENTRAN	FT LOCATED ON G ICE IN FRONT OF B NG TO A PARKING	UILDING, E					SAME
I hereby certify and	swear under penalties	of perjury tha	ıt:				
1. the renew	ved license will be of t	the same type	for the sai	me premis	ses now	licensed;	
	see has complied with				elating to	taxes; and	
3. the premi	ises are now open for	business (If n	ot explain	below)			
SIGNED BY	Individual, Partner	or Authorized	l Corporat	te Officer			
DATE:	TELEPHON!	E NUMBER:		EM	IPLOYER	IDENTIFICAT	TION NUMBER:
				(Note:	NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	spector and t	he head of	f the fire	departr	nent for the	above
Please Check Below:]	LOCAL I	LICENS	ING AUTH	ORITY
APPROVED:]	By:			
DISAPPROVED: [(If disapproved expl.)	 ain)						
(II disupproved expi	,						
DATE:							



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		CITY OR TOWN	HUDSON			
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013			
	CLASS		YEAR			
LICENSEE NAME: FENG BY BROS. IN	C					
DOING BUSINESS A FENG RESTAUAR	NT					
ADDRESS 191 WASHINGTON ST						
CITY/TOWN: HUDSON	STATE: MA	ZIP CODE:	01749			
MANAGER: LIN, XIU JUAN TYPE	OF LICENSE: Res	taurant CA	TEGORY: Wine and Malt Regular			
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSI		IAIL ADDRESS				
DESCRIPTION OF LICENSED PREMISES						
ONE SINGLE FLOOR WITH 2500 SF FOR ENTRANCE IN THE FRONT AND EXITS		N AND DINING AR	EAS WITH			
I hereby certify and swear under penalties of perjury that:						
1. the renewed license will be of the	same type for the	same premises now	licensed;			
2. the licensee has complied with all	l laws of the Comn	nonwealth relating to	taxes; and			
3. the premises are now open for but	siness (If not expla	in below)				
SIGNED BY						
SIGNED BY Individual, Partner or	Authorized Corpo	rate Officer				
	Authorized Corpo	rate Officer				
Individual, Partner or	Authorized Corpo					
		EMPLOYER	IDENTIFICATION NUMBER:			
Individual, Partner or		EMPLOYER	IDENTIFICATION NUMBER: vidual Social Security Number)			
Individual, Partner or	NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Indi	vidual Social Security Number) d by Chapter 304 of the nent for the above			
DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liquof 2010. Please Check Below:	NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Indice certificate require department of the fire department by Company of the fire department	vidual Social Security Number) d by Chapter 304 of the nent for the above			
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liquof 2010. Please Check Below: APPROVED:	NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Indice certificate require department of the fire department by Company of the fire department	d by Chapter 304 of the nent for the above Chapter 116 of the Acts			
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of ligof 2010. Please Check Below: APPROVED: DISAPPROVED:	NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire department of the fire departme	d by Chapter 304 of the nent for the above Chapter 116 of the Acts			
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liquof 2010. Please Check Below: APPROVED:	NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire department of the fire departme	d by Chapter 304 of the nent for the above Chapter 116 of the Acts			
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of ligof 2010. Please Check Below: APPROVED: DISAPPROVED:	NUMBER: possession (1) the ctor and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire department of the fire departme	d by Chapter 304 of the nent for the above Chapter 116 of the Acts			



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN HUDSON
APPLICATION FOR RENEWAL: Annu	ual LICENSED FOR 2013
CLA	SS YEAR
LICENSEE NAME: KARMICHAEL HOLDINGS LI	$\mathcal{L}_{\mathbf{C}}$
DOING BUSINESS A RAIL TRAIL FLATBREAD C	OMPANY
ADDRESS 31-33 MAIN STREET	
CITY/TOWN: HUDSON STATE:	MA ZIP CODE: 01749
MANAGER: KASSERIS, TYPE OF LICEN MICHAEL	ISE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	R YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR COMMERCIAL RESTAURANT SPA BASEMENT FOR STORAGE, FULL SERVICE KITC RESTROOMS	•
I hereby certify and swear under penalties of perjury that	at:
1. the renewed license will be of the same type	for the same premises now licensed;
2. the licensee has complied with all laws of th	e Commonwealth relating to taxes; and
3. the premises are now open for business (If n	ot explain below)
SIGNED BY Individual, Partner or Authorized	d Corporate Officer
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DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	he head of the fire department for the above
	LOCAL LICENSING AUTHORITY
Please Check Below:	LOCAL LICENSING ACTION IT
APPROVED:	By:
APPROVED: DISAPPROVED:	
APPROVED:	
APPROVED: DISAPPROVED:	